

023 026		PUNCHED VERIFIED		affidavit attached ARIZONA STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS		STATE FILE NO. 5232 1074					
BIRTH NO.				CERTIFICATE OF DEATH				REGISTRAR'S NO.			
PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Pima			B. LENGTH OF STAY IN THIS TOWN 4 yrs		IN ARIZONA 4 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona			
	C. CITY OR TOWN Tucson			<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		B. COUNTY Pima	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Pima County Hospital			(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION)		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 532 E Mohave		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DECEASED PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) Truman Edward Matheson			A. (FIRST) B. (MIDDLE) C. (LAST)		4. SEX male		5. COLOR OR RACE white		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	
	6B. NAME OF SPOUSE Lottie Matheson			7. DATE OF BIRTH MONTH DAY YEAR Mar 21 1900		8. AGE (IN YEARS) LAST BIRTHDAY 63		IF UNDER 1 YEAR MONTHS DAYS - -		IF UNDER 24 HRS. HOURS MIN. - -	
	9B. KIND OF BUSI- NESS OR INDUSTRY serv. stn.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no		13. SOCIAL SECURITY NO. 460-05-2829		
	14A. FATHER'S NAME Will Matheson			14B. BIRTHPLACE (STATE OR COUNTRY) N. Carolina		15A. MOTHER'S MAIDEN NAME Louise Tarlington			15B. BIRTHPLACE (STATE OR COUNTRY) Texas		
	16. INFORMANT'S SIGNATURE Mrs. Lottie Matheson			ADDRESS Tucson			17. DATE OF DEATH May 17 1963				
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Acute Hemorrhagic pancreatitis</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST. DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Pulmonary emphysema</i> <i>Arteriosclerotic heart disease</i>						INTERVAL BETWEEN ONSET AND DEATH	
	19A. DATE OF OPERATION 5-16-63			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-30-1963, TO 5-17-1963, THAT I LAST SAW THE DECEASED ALIVE ON 5-17-1963, AND THAT DEATH OCCURRED AT 8:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
MEDICAL CERTIFICATION DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <i>Donald Han</i>			(DEGREE OR TITLE) M.D.			22B. ADDRESS Pima County Hospital			22C. DATE SIGNED 5-20-63	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			23C. (CITY OR TOWN) (COUNTY) (STATE)				
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			23F. HOW DID INJURY OCCUR?				
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS			24C. DATE SIGNED				
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>			25B. DATE 5/19/63			25C. NAME OF CEMETERY OR CREMATORY Brookside Cemetery			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Houston, Texas	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 5-20-63			26B. REGISTRAR'S SIGNATURE <i>James J. Oakley</i>			27A. FUNERAL DIRECTOR'S SIGNATURE <i>Palms Mortuary</i>			27B. ADDRESS Tucson, Arizona	
	28A. EMBALMER'S SIGNATURE <i>Deputy Charles L. Lisco</i>			28B. EMBALMER'S CERT. NO. 412A							